

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VIII. TORONTO, NOV. 1ST, 1875. No. 3.

## Original Communications.

### CASES IN SURGERY.

BY J. L. MCDIARMID, M.B., BRYANSTON, ONT.

CASE I.—On 28th of last August, was sent for to see Thomas —, æt. 7 years, who had received an injury of the arm. On my arrival I found the patient lying upon a couch, the forearm lying at nearly a right angle with the arm, and in a semi-prone position. Having learned the history of the case, which was, that he fell from a fence and struck on his elbow, I proceeded carefully to examine the limb, and soon satisfied myself that I had here a case of separation of the lower epiphysis of the humerus, with an oblique fracture of the lower end of the shaft of the same: the line of direction of the fracture being from within upwards and outwards. The tendency of the fracture was a backward and outward displacement. As to the treatment, authors usually recommend lateral angular splints, but in this case I thought a posterior splint preferable. In the meantime I adjusted the fracture, and bound the limb up with a roller, using an anterior and posterior splint, made of leather, to give support to the limb, suspending the forearm in a sling at about 10 degrees more than a right angle with the arm. I allowed it to remain as first put up for three or four days, and then undressed it and applied a splint that I had made for the purpose. This splint was made of leather, so as to resemble somewhat the elbow of a stovepipe divided horizontally; the upper and lower ends respectively, extended to the shoulder and wrist, the splint being made at an angle about 10 degrees greater than a right angle. This splint being nicely padded with cotton batting, was applied with a roller extending from the palm of the hand to the shoulder, and the arm placed in

the sling as before. At the end of eight days from the receipt of the injury I again undressed the arm and employed passive motion, supporting the fracture with one hand. I kept up this passive motion every two days, until about 25 days after the accident, when I took off the splint and allowed the arm to hang loose by his side, thinking thereby to get better motion in the joint. When the splint was removed the forearm could be bent to a little less than a right angle with the arm, and extended so that the hand was within three inches of being in line with the long axis of the humerus. I saw the patient about a week after this and motion in the joint was improving, and I have no doubt will be perfect in the course of a few weeks. I attribute success in this case, to the careful and persistent employment of passive motion.

### CASE II.—DISLOCATION OF THE FEMUR ON THE DORSUM ILII—REDUCTION BY MANIPULATION.

Was sent for, Sept. 25th, to see Alex.—, æt. 11 years, who had received an injury by being thrown from a horse. I found the patient's left thigh presenting the usual symptoms of dislocation of the femur on the dorsum of the ilium. Having made my diagnosis, the next point was the reduction, and how it was to be effected. I was some three miles distant from my office, and had neither chloroform nor pulleys with me; however, I determined to try manipulation. I placed the patient on a doubled quilt upon the floor, and directed a young man who was present to fix the pelvis by placing one hand on either ilium. I then stood or rather kneeled upon the right side of the patient's legs, and seizing the ankle of the injured limb with my right hand, and the knee with my left, flexed the leg upon the thigh and the thigh upon the pelvis, slightly adducting it at the same time. I continued the flexion somewhat past a right angle with the body, and then began the movement of circumduction, being guided in all my movements, (as Hamilton directs) by the natural tendency of the limb. I continued circumduction outwards until a line perpendicular with the inner side of the knee would fall without the body, at the same time keeping the foot abducted a little beyond the knee in order to raise the head of the bone over the edge of the acetabulum. Having arrived at this point I began ex-